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PTO/SB/17 (07-07)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL for FY 2007

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ ) 490

Complete if Known

Application Number 10/808,093

Filing Date March 23, 2004

First Named Inventor Joel Linden et al.

Examiner Name Lambkin, Deborah

Art Unit 1626

Attorney Docket No. U0037-299152

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### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify) :

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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

Under 37 CFR 1.16 and 1.17

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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	FILING FEES		SEARCH FEES		EXAMINATION FEES		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Fee(\$)</u>	<u>Fee(\$)</u>	<u>Fee(\$)</u>	<u>Fee(\$)</u>	<u>Fee(\$)</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

##### Small Entity

Fee (\$) 50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

##### Total Claims

##### Extra Claims

##### Fee (\$)

##### Fee Paid (\$)

##### Multiple Dependent Claims

<u>Fee (\$)</u>	<u>Fee (\$)</u>
—20 or HP= _____	x _____ = _____
HP = highest number of total claims paid for, if greater than 20.	_____
—3 or HP= _____	x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
— 100 = _____	/ 50 = _____	(round up to a whole number) x _____ = _____		

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : Deficiency Owed for Payment of Issue Fee

Fees Paid (\$)

490.00

### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	64,750	Telephone	704.338.5019
Name (Print/Type)	John P. Zimmer, Ph.D.			Date	August 13, 2010

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Small Entity	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	—
Design	200	100	100	50	130	65	—
Plant	200	100	300	150	160	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$) Fee (\$)

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Multiple dependent claims

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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
—100 =	/ 50 =	(round up to a whole number) x	=	—

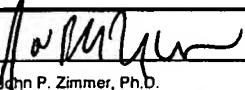
## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : Deficiency Owed for Payment of Issue Fee

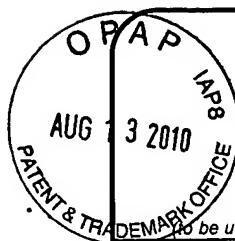
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## SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	64,750	Telephone	704.338.5019
Name (Print/Type)	John P. Zimmer, Ph.D.			Date	August 13, 2010

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# TRANSMITTAL FORM

*(To be used for all correspondence after initial filing)*

		Application Number	10/808,093
		Filing Date	March 23, 2004
		First Named Inventor	Joel Linden et al.
		Art Unit	1626
		Examiner Name	Lambkin, Deborah
Total Number of Pages in This Submission	1	Attorney Docket Number	U0037-299152

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b> <b>Other inclosures:</b> Express Mail Certificate EB 713 500 137 US; Notification of Error in Payment as a Small Entity Status and Request That Error Be Excused Under 37 CFR 1.28(c); and Return Postcard		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Kilpatrick Stockton, LLP		
Signature			
Printed Name	John P. Zimmer, Ph.D.		
Date	August 13, 2010	Reg. No.	64,750

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Signature	
Typed or printed name	Kristen K. Haggard
Date	August 13, 2010

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/808,093
Filing Date	March 23, 2004
First Named Inventor	Joel Linden et al.
Art Unit	1626
Examiner Name	Lambkin, Deborah
Total Number of Pages in This Submission	1
Attorney Docket Number	U0037-299152

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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Kilpatrick Stockton, LLP		
Signature			
Printed Name	John P. Zimmer, Ph.D.		
Date	August 13, 2010	Reg. No.	64,750

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PTO Form 2038 in the amount of \$490; and  
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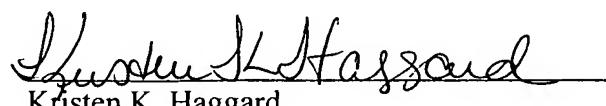
Serial No.: 10/808,093

Date Filed: March 23, 2004

Patent No.: 7,019,027

Issued Date: March 28, 2006

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Kristen K. Haggard